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TUITION WAIVER REQUEST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SID: |  | | | | | | | | | | (###-###-#####) | | | | | | Site: |  | | | | | | | |
| Student Name: | | | | |  | | | | |  | | | |  | | | Date of Birth: | | | | | |  | | |
|  | | | | | Last | | | | | First | | | | M.I. | | |  | | | | | | mm/dd/yy | | |
| Address: | |  | | | | | | | | | | | | | | | | | | Phone: | | | |  | |
| City/State/Zip | | |  | | | | | | | | | | | | | | | | |  | | | |  | |
| Waiver is for the following quarter: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Summer 20 | | | |  | | | | Fall 20 | | | |  | Winter 20 | | |  | | | | | Spring 20 | | | |  |
| iBEST | | | | Outlying Center | | | | |  | | | | Other | |  | | | | | | | | | | |
| I am not able to pay the $25 tuition at this time for my adult basic education classes because I meet at least one of the following. (Check all that apply.) | | | | | | | | | | | | | | | | | | | | | | | | | |
| I receive public assistance (welfare, SSI, TANF, etc.)  I get food stamps  My children get free/reduced lunches at their schools  I get Medical Coupons from the state  I live in public housing  I am unemployed at this time  I have other reasons that prevent me from paying that are noted below | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attendance is very important for your success. If you do not maintain at least 80% regular attendance in your classes and participate in quarterly CASAS testing, you will not be eligible to receive a waiver when you register for the following quarter. (Example: Your classes meet 20 hours a week. Minimum attendance would need to be 16 hours a week.)  I hereby authorize my employer, my DSHS case manager/child care coordinator, Employment Security Department, Division of Child Support and Community Colleges of Spokane to release and exchange information from my records for the purpose of determining eligibility for funding and facilitating my enrollment and participation.  I verify that the above information is correct and true. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Signature | | | | | |  | | | | | | | | | | | | | Date: | | |  | | | |
| Instructor/Intake Name | | | | | | |  | | | | | | | | | | | | Date: | | |  | | | |